

Foster Family Home - Corrective Action Report

Provider ID: 1-190030

Home Name: Shella Marie Valencia, NA

91-1025 Leleoi Street

Ewa Beach

HI 96706

Review ID: 1-190030-2

Reviewer: Jackie Chamberlain

Begin Date: 2/6/2020

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) Home inspection made for a 2 bed re-certification. Corrective action report issued during home visit with corrective action plan due to CTA within 30 days of inspection

Foster Family Home Application [11-800-7]

7.(b)(1)(C) Background check documents, as provided in section 11-800-8; and

Comment:

7.b.1(c) No second fingerprint APS or CAN present for CG #1 for the required 2 consecutive year fingerprinting

Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(7) lapse in TB clearance for CG # 4 none since 12/05/18
(41.b.8) Lapse in First aid and CPR for CG # 5 due January 2020

Foster Family Home Client Care and Services [11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.c.3 NO RN delegation present for CG# 2,3 and 5 for client 1 and 2

Foster Family Home Medication and Nutrition [11-800-47]

47.(d)(1) By order of a physician;

Comment:

47.d.1 - Unable to locate physicians order for [REDACTED] for client # 1

Jackie Chamberlain RN
Compliance Manager

Shella Marie Valencia
Primary Care Giver

2/6/2020
Date

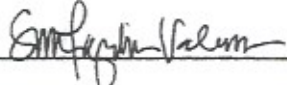
2/6/20
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: **Shella Marie Valencia**

CCFFH Address: **91-1025 Leleoi St. Ewa Beach HI 96706**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7 (b) 1 c	Lapse in fingerprint/APS/CAN for Caregiver # 1 cannot be corrected Caregiver # 1 completed APS/CAN/ Fingerprints on 2/07/2020 and results with green light received and emailed to compliance manager	2/25/2020	Home understands the background check requirements. Home Will use calendar on iphone to input all due dates to prevent any future lapses.
41.(b) 7	TB clearance was obtained for CG#4. It was placed into home record.	02/13/2020	Home will use a spreadsheet on laptop to identify when requirements are due 2 months before they expire to allow time to get them done before they are due.
41 (b) 8	First aid and CPR was obtained for CG# 5. It was placed into home record.	02/07/2020	Home will use a spreadsheet on laptop to identify when requirements are due 2 months before they expire to allow time to get them done before they are due.

Primary Caregiver's Signature: 


Print Name: **Shella Marie Valencia**

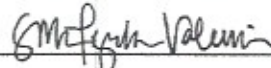
Date of Signature: **2.25.2020**

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: **Shella Marie Valencia**

CCFFH Address: **91-1025 Leleoi St. Ewa Beach HI 96706**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
43 (c) 3	RN Delegation was done for CG#2,3 and 5 for client 1 and 2 by client's CMA. It was placed into the client record.	02/06/2020	In the future, all existing or new caregivers will receive delegation within 10 days of clients admission to the home.
47 (d) 1	 were obtained by client # 1 Physician and was placed into the client record.	02/10/2020	In the future, always remember to ask for the MD orders from the clients physician.

Primary Caregiver's Signature: 

Print Name: **Shella Marie Valencia**

Date of Signature: **2-25-2020**